

<b>Well Construction Report</b> <b>WISCONSIN UNIQUE WELL NUMBER</b>				<b>XF981</b>		<b>Drinking Water and Groundwater - DG/5</b> <b>Department of Natural Resources, Box 7921</b> <b>Madison WI 53707</b>				Form 3300-077A			
Property Owner 189 GREEN BAY RD LLC						Phone #		<b>1. Well Location</b>				Fire # (if avail.)	
Mailing Address 1990 NIGHT PASTURE								Town of CEDARBURG					
City CEDARBURG						State WI		Zip Code 53012					
County Ozaukee		Co. Permit #		Notification # 52011562		Completed 06-30-2014		Subdivision Name				Lot #	
												Block #	
Well Constructor (Business Name) JAMES H GROTH				Lic. # 4935		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 43.2829 °N -87.972 °W			
						Well Plan Approval #				Method Code GCD013			
Address 9197 EDGE O'WOODS DR CEDARBURG WI 53012						Approval Date (mm-dd-yyyy)				SW SE Section Township Range or Govt Lot # 35 10 N 21 E			
Hicap Permanent Well #		Common Well #		Specific Capacity 0.9		<b>2. Well Type</b> Replacement				of previous unique well # constructed in			
						Reason for replaced or reconstructed well ?				5IN WELL BAD CASING			
<b>3. Well serves</b> 1 # of				Hicap Well ? No						Construction Type Drilled			
Private, potable				Hicap Property ? No									
Heat Exchange ___ # of drillholes				Hicap Potable ?									
<b>4. Potential Contamination Sources - ON REVERSE SIDE</b>													
<b>5. Drillhole Dimensions and Construction Method</b>													
Dia. (in.)		From (ft.)		To (ft.)		Upper Enlarged Drillhole				Lower Open Bedrock			
8		Surface		50		<u>Yes</u> Rotary - Mud Circulation .....				<u>No</u>			
6		50		105		<u>No</u> Rotary - Air .....				<u>Yes</u>			
						Rotary - Air & Foam .....							
						Drill-Through Casing Hammer							
						Reverse Rotary							
						Cable-tool Bit ___ in. dia...							
						Dual Rotary .....							
						Temp. Outer Casing ___ in. dia							
						Removed? ___ depth ft. (If NO explain on back side)							
<b>8. Geology</b>													
Geology Codes		8. Geology Type, Caving/Noncaving, Color, Hardness, etc...				From (ft.)		To (ft.)					
- - C S		SANDY CLAY				Surface		31					
- - L -		LIMESTONE				31		105					
<b>6. Casing, Liner, Screen</b>													
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)					
6		18.97# ASTM A-53 IPSCO P.E.				Surface		50					
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)					
<b>7. Grout or Other Sealing Material</b>													
Method PUMPED													
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement					
NEAT CEMENT GROUT				Surface		50		8 S					
<b>9. Static Water Level</b>													
9 ft. below ground surface													
<b>10. Pump Test</b>													
Pumping level 20 ft. below surface													
Pumping at 10 GP M for 1 Hrs.													
Pumping Method ?													
<b>11. Well Is</b>													
15 in. above grade													
Developed ? Yes													
Disinfected ? Yes													
Capped ? Yes													
<b>12. Notified Owner of need to fill &amp; seal ?</b>													
Filled & Sealed Well(s) as needed? Yes													
<b>13. Constructor / Supervisory Driller</b>													
Lic #				Date Signed									
JG				07-07-2014									
Drill Rig Operator				Lic or Reg #				Date Signed					

Is the well located in floodplain ? No